

# AUTO CR - LOG SUMMARY #1075368

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
IT IS REPORTED THAT THE OFFICERS RESPONDED TO AN ASSAULT IN PROGRESS. IT IS REPORTED THAT WHEN THEY ATTEMPTED TO PLACE THE OFFENDER IN CUSTODY HE REMOVED HIS KEYS FROM HIS POCKET, BALLED THEM INTO A FIST AND ATTEMPTED TO STRIKE THE OFFICERS. THE INVOLVED MEMBER DEPLOYED HIS OC SPRAY, THE OFFENDER WAS TAKEN TO THE GROUND AND EVENTUALLY PLACED INTO CUSTODY.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	LEIBAS SR, PHILLIP		010 /	LIEUTENANT OF POLICE	M	S		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
26-MAY-2015 07:17 - 26-MAY-2015 07:17		1034	010	290 - RESIDENCE	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject					M	WWH		
CPD Employee	Involved Member	AVALOS, JAVIER	18817	010 /	POLICE OFFICER	M	S		
CPD Employee	Witness	ACEVEDO, MARTIN J	9561	010 /	POLICE OFFICER	M	S		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20D - GROUP 20 - NOTIFICATIONS OC DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	19-JUN-2015 11:17	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	19-JUN-2015 11:14	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	01-JUN-2015 09:55	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	01-JUN-2015 09:43	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	26-MAY-2015 08:31	STEWART, DENISE	INTAKE AIDE	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	26-MAY-2015 08:31			
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER M. ACEVEDO#9561	N	STEWART, DENISE	26-MAY-2015 10:55	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER M. ACEVEDO#9561	N	STEWART, DENISE	26-MAY-2015 10:56	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	RD#H [REDACTED]	N	STEWART, DENISE	26-MAY-2015 10:58	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER J. AVALOS#18817	N	STEWART, DENISE	26-MAY-2015 10:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER J. AVALOS#18817	N	STEWART, DENISE	26-MAY-2015 10:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	RICARDO HERNANDEZ	N	STEWART, DENISE	27-MAY-2015 03:17	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 26-MAY-2015) - LOG #1075368

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	LEIBAS SR, PHILLIP			010 /	LIEUTENANT OF POLICE	M	S		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
26-MAY-2015 07:17 - 26-MAY-2015 07:17		1034	010	290 - RESIDENCE	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20D - GROUP 20 - NOTIFICATIONS OC DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	26-MAY-2015 20:31	STEWART, DENISE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	19-JUN-2015 11:17	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
CLOSED AT C.O.P.A.	19-JUN-2015 11:14	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	01-JUN-2015 09:55	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	01-JUN-2015 09:43	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	26-MAY-2015 08:31	STEWART, DENISE	INTAKE AIDE	113 /	

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>26-MAY-2015</b>		TIME <b>19:10:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>090</b>		4. BEAT/OCCUR <b>1034</b>													
	5. POSITION <b>9161</b>		6. LAST NAME <b>AVALOS</b>		7. FIRST NAME <b>JAVIER</b>		8. STAR NO. <b>18817</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>509</b>		13. WT. <b>165</b>						
	14. DATE OF APPT. <b>04-OCT-1999</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>010 1054</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WWH</b>		25. D.O.B. [REDACTED]		26. HT. <b>510</b>		27. WT. <b>195</b>								
	28. ADDRESS <b>2244 S BLUE ISLAND AVE CHICAGO, IL 60608</b>				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <b>VERBAL THREAT (ASSAULT), MOUTH (SPIT, BITE, ETC), FEET,</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid																
36. CHARGES PLACED [REDACTED]																		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input checked="" type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____						
WEAPON DISCHARGE INCIDENT	39. DNA <input type="checkbox"/>																						
	40. ADDITIONAL INFORMATION [REDACTED]																						
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors 43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial 44. WEATHER CONDITIONS <b>CLEAR</b> 45. MAKE/MANUFACTURER 46. MODEL 47. BARREL LENGTH 48. CALIBER/GAUGE 49. TASER DART ID NO. 50. WEAPON SERIAL No. (Include Letters) 51. CHICAGO GUN REG. NO. 52. IL FIREARM OWNER ID. NO. 53. HANDGUN CERTIFICATE NO. 54. SPECIAL WEAPON CERTIFICATE NO. 55. PROPERTY INVENTORY NO. 56. TYPE OF AMMUNITION USED 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b> 58. TOTAL NO. OF SHOTS MEMBER FIRED <b>1</b> 59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) <b>OC SPRAY</b> 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) 70. EVENT NO. [REDACTED]																						
CASE INFO.	71. R.D. NO. [REDACTED]																						
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																						
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>AVALOS, JAVIER</b> <b>26-MAY-2015 21:31:55</b> STAR/EMPLOYEE NO. <b>18817</b> SIGNATURE [REDACTED] Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																						
	74. REVIEWING SUPERVISOR (Print Name) <b>NEGRETE JR, JERRY</b> STAR NO. <b>812</b> SIGNATURE [REDACTED] DATE REVIEWED <b>26-MAY-2015 22:08:39</b> TIME																						

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

The offender was interviewed by R/L at 2045 hrs. and he related that he resisted arrest because he did not know what he was being arrested for and later apologized for his actions.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts in this incident, R/L finds that the member was in compliance with department directives regarding the use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1075368 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

LEIBAS SR, PHILLIP

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

26-MAY-2015 22:23:26

79. TOTAL TRR's THIS EVENT No.

2

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>AVALOS, JAVIER</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>18817</b>		ADDRESS OF OCCURRENCE <b>2244 S BLUE ISLAND AVE</b>	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>04-OCT-1999</b>	EMPLOYEE NO. <b>[REDACTED]</b>	LOCATION CODE <b>090-APARTMENT</b>	
UNIT OF ASSIGNMENT <b>010</b>		BEAT OF OCCURRENCE <b>1034</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB <b>[REDACTED]</b>	DATE OF OCCURRENCE <b>26-MAY-2015</b>
HEIGHT <b>509</b>		TIME <b>19:10:00</b>	DAY OF WEEK <b>TUESDAY</b>
WEIGHT <b>165</b>		NO. OF OFFICERS BATTERED <u>2</u>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>4</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____  PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <b>POLICE TRANSPORT VAN</b>		MANNER OF ATTACK  <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN	<input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD	RACE <b>WHITE HISPANIC</b>	
WEATHER CONDITIONS		DOB <b>[REDACTED]</b>	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW		CB NO. <b>[REDACTED]</b>	
<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND		IR NO. <b>[REDACTED]</b>	
APPROXIMATE OUTDOOR TEMPERATURE: <b>75 °F</b>		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <u>1</u>		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	

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REPORTING MEMBER - SIGNATURE AVALOS, JAVIER	STAR NO. 18817	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE LEIBAS SR, PHILLIP	STAR NO. 310
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## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>26-MAY-2015</b>		TIME <b>19:10:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>090</b>		4. BEAT/OCCUR <b>1034</b>												
	5. POSITION <b>9161</b>		6. LAST NAME <b>ACEVEDO</b>		7. FIRST NAME <b>MARTIN J</b>		8. STAR NO. <b>9561</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>511</b>		13. WT. <b>240</b>					
	14. DATE OF APPT. <b>10-MAY-1999</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>010 1054</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WWH</b>		25. D.O.B. [REDACTED]		26. HT. <b>510</b>		27. WT. <b>195</b>							
SUBJECT INFORMATION	28. ADDRESS <b>CHICAGO, IL 60608</b>				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? OTHER (SPECIFY), VERBAL THREAT (ASSAULT), HANDS/FISTS. <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid															
	36. CHARGES PLACED [REDACTED]				37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>													
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <b>FIST CLENCHING MULTIF</b>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED			
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
	70. EVENT NO.		71. R.D. NO.		72. CASE INFO.		73. REPORTING MEMBER (Print Name) <b>ACEVEDO, MARTIN J</b> <b>26-MAY-2015 21:40:30</b>		STAR/EMPLOYEE NO. <b>9561</b>		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) <b>NEGRETE JR, JERRY</b>		STAR NO. <b>812</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>26-MAY-2015 22:07:34</b>		TIME	
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																					

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

The offender was interviewed by R/L at 2045 hrs. and he related that he resisted arrest because he did not know what he was being arrested for and later apologized for his actions.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts in this incident, R/L finds that the member was in compliance with department directives regarding the use of force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1075368 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

LEIBAS SR, PHILLIP

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

26-MAY-2015 22:17:41

79. TOTAL TRR's THIS EVENT No.

2

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>ACEVEDO, MARTIN J</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>9561</b>		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/>	
DATE OF APPOINTMENT <b>10-MAY-1999</b>		EMPLOYEE NO. [REDACTED]	
UNIT OF ASSIGNMENT <b>010</b>		BEAT/CALL NO. <b>1054</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>HISPANIC</b>		DOB [REDACTED]	
HEIGHT <b>511</b>		WEIGHT <b>240</b>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		DATE OF OCCURRENCE <b>26-MAY-2015</b>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		TIME <b>19:10:00</b>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <b>POLICE TRANSPORT VAN</b>		DAY OF WEEK <b>TUESDAY</b>	
TYPE OF ACTIVITY		NO. OF OFFICERS BATTERED <u>2</u>	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE <b>720 ILCS 5.0/19-4-A-1-CRIM TRESPASS TO RESIDENCE</b> IUCR CODE <b>CRIMINAL TRESPASS - TO LAND</b> <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>4</u>	
TYPE OF INJURY TO OFFICER		MANNER OF ATTACK	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
LIGHTING CONDITIONS AT INCIDENT		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> E. FEET <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 3. RIFLE <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <input type="checkbox"/> B. VEHICLE <b>/NUMEROUS KEYS ON A RING IN FIST /CLENCHING MULTIPLE KEYS IN FIST</b> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
WEATHER CONDITIONS		FIREARM USE INFORMATION (Check all that apply):	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND		<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
APPROXIMATE OUTDOOR TEMPERATURE: <b>75 °F</b>		OFFENDER INFORMATION	
		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>WHITE HISPANIC</b> DOB [REDACTED]	
		CB NO. [REDACTED] IR NO.	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <u>1</u>	

-

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
ACEVEDO, MARTIN J	9561	LEIBAS SR, PHILLIP	310

CHICAGO POLICE DEPARTMENT  
**ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD #: [REDACTED]  
Case ID: [REDACTED]  
EVENT #: [REDACTED]

INCIDENT	<b>APPROVAL COMPLETE</b>		
	IUCR: 0554 - Assault - Agg Po Hands No/Min Injury		
	3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer		
	Occurrence Location: [REDACTED] 090 - Apartment Occurrence Date: 26 May 2015 19:10	Beat: 1034	Unit Assigned: 1032 RO Arrival Date: 26 May 2015 19:05 # Offenders: 1

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		
	Name: PO AVALOS, 18817		Demographics
	Res: 3315 W Ogden Ave Chicago IL 312 - 747 - 7511	Beat: 1024	Age: 38 Years - Approx.
	Sobriety: Sober CPD Officer: No		

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		
	Name: PO ACEVEDO , 9561		Demographics
	Res: 3315 W Ogden Ave Chicago IL 312 - 747 - 7511	Beat: 1024	Age: 40 Years - Approx.
	Sobriety: Sober CPD Officer: No		

NON-OFFENDER(S)	<b>WITNESS - Individual</b>		
	Name: [REDACTED]		Demographics
	Res: [REDACTED]	Beat: 1034	Female White Hispanic 5'06, 125 lbs Brown Eyes Brown Hair Pony Tails Hair Style Medium Brown Complexion DOB: [REDACTED] Age: 31 Years Birth Place: Illinois DLN: [REDACTED]
	CPD Officer: No		

INJURY(S)			



INJURY(S)	Injury Info (PO AVALOS,18817 - Victim )		
	Extent: Minor		
	Type	Weapon Used	Other Weapon Used
	Other	Other	Other - Fists
Other	Other	Other - Fists	
Other	Other		

INJURY(S)	Injury Info (PO ACEVEDO ,9561 - Victim )		
	Extent: Minor		
	Type	Weapon Used	Other Weapon Used
	Abrasions	Other	Other - Keys / Fist
Other	Other	Other - Fists	
Other	Other	Other - Fists	

SUSPECT(S)	Suspect # 1		In Custody	
	Name:	Res:	Demographics	
	[REDACTED]	Beat: 1034	Male White Hispanic 5'10, 195 lbs , Brown Eyes Black Hair Curly Hair Style Medium Brown Complexion	DOB: [REDACTED] Age: 33 years Birth Place: Illinois DLN: [REDACTED] Suspected of Using: Alcohol

RELATIONSHIP	Relationship Information			
	PO AVALOS, 18817	( Victim )	is a No Relationship of	( Offender )
	PO ACEVEDO , 9561	( Victim )	is a No Relationship of	( Offender )

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ?
		No

NARRATIVES	Event Narrative	
	Event #	Summary
	EVENT # [REDACTED]	CROSS-REFERENCE RD # [REDACTED] IN SUMMARY, BEAT 1054 PO AVALOS #18817 AND PO ACEVEDO #9561 RESPONDED TO CALL OF ASSAULT IN PROGRESS. UPON ARRIVAL ABOVE STATED OFFICERS MEET WITH CALLER [REDACTED] (WITNESS AND VICTIM/COMPLAINANT UNDER RD # [REDACTED]) WHO STATED THAT SHE WAS IN THE PROCESS OF PURCHASING [REDACTED]. [REDACTED] IS THE SON OF TENANTS THAT CURRENTLY RESIDE ON THE SECOND FLOOR OF SAID ADDRESS. ON TODAY'S DATE [REDACTED] (OFFENDER) HAD CAME DOWN TO HER PLACE OF RESIDENCE; WHEN [REDACTED] OPENED HER RESIDENCE DOOR [REDACTED] BECAME VERBALLY AGGRESSIVE TOWARDS [REDACTED] AND MADE MULTIPLE THREATS TOWARDS [REDACTED] STATING THAT "THIS WAS HIS HOOD AND SHE WASN'T GOING TO CHANGE IT." [REDACTED] BECOMING APPREHENSIVE CLOSED HER DOOR AT WHICH POINT [REDACTED] BROKE THE DOOR BY HITTING IT WITH HIS BODY AND ENTERED THE [REDACTED] APARTMENT, REFUSING TO LEAVE. [REDACTED] WAS IN THE PROCESS OF CALLING POLICE AND OFFENDER LEFT SCENE WITH THIS REALIZATION. BEAT 1054 RESPONDED AND WAS STILL INTERVIEWING [REDACTED] WHEN OFFENDER RETURNED TO SCENE; PO AVALOS ON SIGHT OF [REDACTED] NOTED HIS CLOTHING DESCRIPTION MATCHING THAT GIVEN IN THE CALL; AND ASKED [REDACTED] IF HE [REDACTED] WAS THE OFFENDER; POSITIVE IDENTIFICATION BY [REDACTED]. AS PO AVALOS ATTEMPTED TO PLACE [REDACTED] INTO CUSTODY, [REDACTED] GRABBED HIS KEYS, LACING THEM IN BETWEEN HIS FINGERS AS A WEAPON IN AN AGGRESSIVE MANNER. PO ACEVEDO ATTEMPTED TO GAIN CONTROL OF [REDACTED]'S SAID HAND, WHEN HE SUSTAINED ABRASION ON HIS RIGHT LOWER ARM WHICH SPREAD TO HIS ELBOW. OC DEPLOYED BY OFFICER AVALOS IN AN

## NARRATIVES

ATTEMPT TO MINIMIZE THREAT AND GAIN CONTROL OF OFFENDER. TAKE-DOWN MANUVERS APPLIED BY BY BEAT 1054; WHERE OFFENDER TUGGED HIS HANDS UNDER HIS BODY AND FAILURE TO COMPLY WITH VERBAL COMMAND TO STOP RESISTING AS OFFICER ATTEMPTED TO CUFF [REDACTED] Z; INSTEAD [REDACTED] PULLED HIS HANDS AWAY FROM BOTH OFFICERS AND REPEATEDLY STATED "I'M GOING TO FUCKEN KILL YOU MOTHERFUCKERS." WHILE GAINING CONTROL OF [REDACTED] PO AVALOS #18817 AND PO ACEVEDO SUSTAINED ABOVE LISTED INJURIES; REFUSAL ON MEDICAL ATTENTION AT CURRENT TIME BUT TO SEEK MEDICAL ATTENTION IN FUTURE IF NECESSARY. FOLLOWING UNITS ON SCENE: 1014, 1031, 1032, 1071, 1053, 1054, 1030 & 1040.

- STAR#: 8348 NAME: HINA JAFRI BEAT: 1032

- STAR#: 17615 NAME: JOSE ALVAREZ BEAT: 1032

## PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	8348	[REDACTED]	JAFRI, Hina	[REDACTED]	26 May 2015 21:36	010	1032

## IUCR ASSOCS.

Victim	IUCR	Crime	Offender
PO AVALOS	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]
PO AVALOS	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]
PO ACEVEDO	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]
PO ACEVEDO	3710	Interference With Public Officer - Resist/Obstruct/Disarm Officer	[REDACTED]

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

CB #: [REDACTED]

IR #: [REDACTED]

YD #: [REDACTED]

RD #: [REDACTED]

EVENT #: [REDACTED]

## ARREST REPORTING

OFFENDER	Name:	[REDACTED]	Beat: 1034	Male	[REDACTED]
	Res:	[REDACTED]		White Hispanic	
		None		5' 10"	
	DOB:	[REDACTED]		195 lbs	
	AGE:	33 years		Brown Eyes	
	POB:	Unknown		Brown Hair	
	ARMED WITH	Unarmed		Long Hair Style	
				Medium Complexion	

INCIDENT	Arrest Date:	26 May 2015 19:15	TRR Completed?	Yes	Total No Arrested:	1	Co-Arrests	Assoc Cases
	Location:	[REDACTED]	Beat:	1034			DCFS Ward ?	No
		090 - Apartment			Dependent Children?	No		
	Holding Facility:	District 010 Lockup						
	Resisted Arrest?	Yes						

CHARGES				Victim
	1	Offense As Cited	720 ILCS 5.0/21-1-A-1	[REDACTED]
			CRIM DAMAGE TO PROPERTY <\$300	
			Class A - Type M	
	2	Offense As Cited	720 ILCS 5.0/19-4-A-1	[REDACTED]
			CRIM TRESPASS TO RESIDENCE	
			Class A - Type M	
3	Offense As Cited	720 ILCS 5.0/12-1-A	[REDACTED]	
		ASSAULT - SIMPLE		
		Class C - Type M		
4	Offense As Cited	720 ILCS 5.0/31-1-A-7	[REDACTED]	
		RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ		
		Class 4 - Type F		
5	Offense As Cited	720 ILCS 5.0/31-1-A-7	[REDACTED]	
		RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ		
		Class 4 - Type F		
6	Offense As Cited	720 ILCS 5.0/12-2-B-4	[REDACTED]	
		AGG ASSAULT PC OFFICER/VOLUNTEER		
		Class A - Type M		
7	Offense As Cited	720 ILCS 5.0/12-2-B-4	[REDACTED]	
		AGG ASSAULT PC OFFICER/VOLUNTEER		
		Class A - Type M		



## ARREST REPORTING

FELONY  
REVIEW

Felony Review : Approved 27 MAY 2015 00:40

Mescall,

State's Attorneys's Office

RECOVERED  
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

## VICTIM AND COMPLAINANT

Name: [REDACTED]	Female	Injured? No	Deceased? No
Res: [REDACTED]	White Hispanic		
Beat: 1034	DOB: [REDACTED]	Hospitalized? No	
	Age: 31 years	Treated and Released? No	
Comments:			

## VICTIM

Name: [REDACTED]	Male	Injured? No	Deceased? No
Empl: [REDACTED]	White Hispanic		
Beat: 1024	DOB:	Hospitalized? No	
	Age: 38 years - Approx.	Treated and Released? No	
Comments:			

## VICTIM

Name: [REDACTED]	Male	Injured? No	Deceased? No
Empl: [REDACTED]	White Hispanic		
Beat: 1024	DOB:	Hospitalized? No	
	Age: 40 years - Approx.	Treated and Released? No	
Comments:			

## ARREST REPORTING

ARRESTEE  
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

**Confiscated Properties :**

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EV# [REDACTED] IN SUMMARY, ABOVE OFFENDER ARRESTED ON SIGNED COMPLAINTS IN THAT HE STATED TO VICTIM [REDACTED] "BITCH, THIS IS MY WORLD. YOU THINK YOU GOING TO COME HERE AND CHANGE SHIT, SEE WHAT HAPPENS TO YOU" PLACING VICTIM IN FEAR OF RECEIVING A BATTERY. VICTIM ASKED OFFENDER TO LEAVE AND CLOSED THE DOOR. OFFENDER THEN KICKED IN THE DOOR CAUSING DAMAGE TO FRAME AND MADE SIMILAR THREATS AND REFUSED TO LEAVE. AS R/O'S ARRIVED ON SCENE, OFFENDER RETURNED TO THE APARTMENT. AS R/O'S ATTEMPTED TO DETAIN OFFENDER, OFFENDER REACHED INTO HIS PANTS POCKET AND RETREIVED A SET OF KEYS BALLING THEM INTO HIS FIST AND ATTEMPTED TO STRIKE R/O'S. R/O AVALOS CUFFED OFFENDER AND OFFENDER PULLED AWAY AND ATTEMPTED TO STRIKE R/O'S. OFFENDER WAS OC SPRAYED AND TAKEN TO THE GROUND WHERE HE WAS EVENTUALLY PLACED IN CUSTODY, MIRANDIZED, AND TRANSPORTED INTO THE 010TH DISTRICT FOR PROCESSING. NAME CHECK CLEAR. NO INVESTIGATIVE ALERTS. CLEAR G.I.P.P. CLEAR T.R.A.P CLEAR 2 DEGREES OF SEPERATION.

COURT INFO

Desired Court Date: 04 June 2015  
Branch: 44-4 3150 W FLOURNOY - Room  
Court Sgt Handle? No  
Initial Court Date: 27 May 2015  
Branch: CBC-1 2600 S CALIFORNIA - Room100  
Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

**ATTESTING OFFICER:**

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #18817 AVALOS, J [REDACTED] 26 MAY 2015 23:24

**ARRESTING OFFICER(S):**

			Beat
1st Arresting Officer:	#9561	ACEVEDO, M J [REDACTED]	1054
2nd Arresting Officer:	#18817	AVALOS, J [REDACTED]	1054

**APPROVING SUPERVISOR:**

Approval of Probable Cause : #1093 CALVO, O J [REDACTED] 26 MAY 2015 23:27